CITUDE UND POPERADIA MONICAMUNICAM DE 1835, EU PERSONS SID ENQUEINO EU INSPERIO E COLIDOUR I MICHIGANI MUNICISS E DEPLAYS & VAIID OMB CONTROL NU Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 10617716 CLAIMS'AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FOR FEE RATE FEI BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** CFR 1.16(c)) minus 20 = X \$ OR F TINDEPENDENT CLAIMS رِيْغِ) CFR 1.16(b)) minus 3 = X \$ = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADD 1.19.05 **EXTRA AFTER PREVIOUSLY** TIONAL TION **AMENDMENT PAID FOR** FEE FEE Total Minus 20 (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus 3 X \$ x \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 2-10-05 REMAINING NUMBER **PRESENT ADDI** TION FEE

| Z | d' | AMENDMENT | | PAID FOR | EXITO |
|-----------|---|-----------|-------|----------|-------|
| S | Total (37 CFR 1.16(c)) | . 18 | Minus | ·· 20 | = |
| AMENDMENT | Independent (37 CFR 1.16(b)) | . 3 | Minus | ··· 3 | : |
| Α̈́ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |
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| | | | | ÷ • | |

| RÁTE | ADDI- TIONAL FEE | | RATE |
|--------------------|------------------------|----|--------------------|
| x s 25 = | | OR | x s 50 = |
| x s /60 = | | OR | x s <u>200</u> = |
| + \$ 180 = | | OR | + s 360= |
| TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE |

| | | (Column 1) | | (Column 2) | (Column 3) | |
|-------------|---|---|---------|---|------------------|--|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| OME | Total (37 CFR 1.16(c)) | | Minus | •• | = | |
| N N | Independent (37 CFR 1.16(b)) | • | Minus . | ••• | ı. | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

| RATE | ADDI- TIONAL FEE | ; | RATE | ADDI TIONA FEE |
|--------------------|------------------------|----|--------------------|----------------------|
| x \$= | | OR | x \$= | |
| x \$= | | OR | x \$= | |
| + 5= | | OR | + \$= | |
| TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot; If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.